



# DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road ~ Las Vegas, NV 89118 ~ (702) 455-3000

## GRADING PERMIT APPLICATION

ASSESSOR PARCEL NO:	APPLICATION NO.:
BUILDING ADDRESS:	
PARCEL MAP NUMBER:	

PROJECT/SUBDIVISION NAME:	SETUP BY:
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OWNER NAME:
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CIVIL ENGINEER NAME:	PHONE:
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ADDRESS:	CITY:	STATE:	ZIP:
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CONTACT PERSON:	PHONE:
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ADDRESS:	CITY:	STATE:	ZIP:
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EMAIL ADDRESS:	FAX:
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DIRT QUANTITIES	LAND USE APPROVALS	SUBMITTAL REQUIREMENTS
CUT:		<input type="checkbox"/> Wet Stapmed Grading Plans (3): Commercial <input type="checkbox"/> (4): Residential <input type="checkbox"/>
FILL:		<input type="checkbox"/> Geotechnical (Soils) Report (3)
TOTAL:		<input type="checkbox"/> ESGI Electronic Submittal Geotechnical Information or Protocol Compliance Letter (1) <input type="checkbox"/> Drainage Study Approval Letter & Plans * <input type="checkbox"/> Tortoise Mitigation Form <input type="checkbox"/> Storm Water Compliance Items (BMP section 3.5.1) *
ESITMATED ACREAGE:		* If Applicable
QAA REQ'D:		

CONTRACTOR'S DECLARATION			REQUIRED ITEMS AT TIME OF PERMIT ISSUANCE	
CONTRACTOR INFORMATION	I hereby certify that I am licensed under the provisions of N.R.S. 624.			<input type="checkbox"/> Dust Permit
	ST. LIC. NO:	CLASS:	CC BUS. LIC. NO:	<input type="checkbox"/> QAA Signed Contract
	CONTRACTOR NAME:			<input type="checkbox"/> _____
	MAILING ADDRESS:		PHONE NO:	<input type="checkbox"/> _____
	CITY:	STATE:	ZIP:	
CONTRACTOR SIGNATURE:			DATE:	

APPLICANT	GRADING PERMIT FEES	
I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.	Permit Fee:	\$ _____
	Plan Review Fees:	\$ _____
APPLICANT SIGNATURE _____ DATE: _____	Bldg Plan Review Fee/ Balance Due or Credit:	\$ _____
	Zoning Plan Review Fee:	\$ _____
Civil Engineering Review By: _____ Date: _____	Mitigation Report Fee:	\$ _____
	MSHCP Fee:	\$ _____
Zoning Review By: _____ Date: _____	Storm Water Compliance Inspection Fee:	\$ _____
Bldg Plan Review By: _____ Date: _____	TOTAL FEE: \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check No: _____		